

Record of Meals Served

Center/Site: _____

Month/Year _____

	Breakfast				Total Break fast	A M Supplement				Total A.M. Snacks	Lunch				Total Lunches	P M Supplement				Total P.M. Snacks	Supper				Total Suppers	Total Daily Attend
Date	Infant	1-2	3-5	6-12		Infant	1-2	3-5	6-12		Infant	1-2	3-5	6-12		Infant	1-2	3-5	6-12		Infant	1-2	3-5	6-12		
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31																										
Total																										

Milk on hand after the last meal
service of the previous month gal.

*7CFR 226.15(e)(4)

